

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO. **HX284801**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

**OFFICER INFORMATION**

NAME (LAST - FIRST - M.I.) <b>FERGUS, MICHAEL C</b>		
STAR NO. <b>17370</b>	POSITION <b>POLICE OFFICER</b>	
DATE OF APPOINTMENT <b>29-NOV-2004</b>	EMPLOYEE NO. <b>[REDACTED]</b>	
UNIT OF ASSIGNMENT <b>014</b>	BEAT/CALL NO. <b>1423R</b>	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE</b>	DOB <b>[REDACTED]</b>
HEIGHT <b>508</b>	WEIGHT <b>185</b>	

**INCIDENT INFORMATION**

<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR		
ADDRESS OF OCCURRENCE <b>1537 N TALMAN AVE Apt 1</b>		
CITY <input checked="" type="checkbox"/> CHICAGO	STATE (if outside Chicago) <b>[REDACTED]</b>	
LOCATION CODE <b>090-APARTMENT</b>	BEAT OF OCCURRENCE <b>1423</b>	
DATE OF OCCURRENCE <b>01-JUN-2014</b>	TIME <b>01:33:00</b>	DAY OF WEEK <b>SUNDAY</b>
NO. OF OFFICERS BATTERED <b>5</b>		
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO		
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <b>30</b>		

**TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED**

<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER _____	WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <b>30</b> PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input checked="" type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____
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**MANNER OF ATTACK**

<input type="checkbox"/> 01. SHOT
<input type="checkbox"/> 02. SHOT AT
<input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)
<input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)
<input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)

**TYPE OF WEAPON/THREAT**

(Check all that apply):	
<input type="checkbox"/> A. FIREARM CALIBER _____	<input checked="" type="checkbox"/> D. HANDS/FISTS
<input type="checkbox"/> 1. REVOLVER	<input checked="" type="checkbox"/> E. FEET
<input type="checkbox"/> 2. SEMI-AUTOMATIC	<input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.)
<input type="checkbox"/> 3. RIFLE	<input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT)
<input type="checkbox"/> 4. SHOTGUN	<input type="checkbox"/> H. OTHER (SPECIFY) _____
<input type="checkbox"/> B. VEHICLE	
<input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE	
<input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE	
<input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT	<input type="checkbox"/> I. BLUNT INSTRUMENT
FIREARM USE INFORMATION (Check all that apply):	
<input type="checkbox"/> A. OFFICER AT GUNPOINT	
<input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED	
<input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	

**TYPE OF ACTIVITY**

<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input checked="" type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input checked="" type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER _____
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**OFFENDER INFORMATION**

SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE HISPANIC</b>	DOB <b>05-SEP-1981</b>
CB NO. <b>18905520</b>	IR NO. <b>[REDACTED]</b>	

**TYPE OF INJURY TO OFFICER**

<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE
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WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN
NO. OF OFFENDERS PRESENT? <b>4</b>	

**LIGHTING CONDITIONS AT INCIDENT**

<input type="checkbox"/> A. DAYLIGHT <input checked="" type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN	<input type="checkbox"/> D. DUSK <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD
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**WEATHER CONDITIONS**

<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW	<input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND	<input type="checkbox"/> G. OTHER _____
APPROXIMATE OUTDOOR TEMPERATURE: <b>65 °F</b>		

LOG# 1081170  
Attachment 20

REPORTING MEMBER - SIGNATURE  
FERGUS, MICHAEL C

STAR NO.  
17370

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
MULKERIN, MICHAEL J 713